Promotion, Renewal and Dismissal Policy

Scope
The policy applies to all residency and fellowship programs at CCHS.

Purpose
The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident’s/fellow’s appointment, as well as a process for notification for non-promotion, non-renewal, or dismissal.

Policy and Guidelines

Advancement and Graduation for PGY-1’s, PGY-2’s and PGY-3’s

Each resident is expected to achieve standards of knowledge, skills, and attitudes in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, systems-based practice, and professionalism. In order to progress successfully through the residency, the resident must meet the requirements and professional obligations of each PGY level before proceeding to the next level and finally graduating from the program. These requirements are clearly delineated below.

It is the intent of the residency that every first-year resident complete all three years successfully. Standards are set by the various clinical departments in accordance with the goals and objectives of the residency. Failure to achieve these standards may be the basis for an academic probationary review.

Resident advancement is discussed and decided by the faculty group at the semi-annual review of residents. The Residency Director ultimately has final decision-making in resident advancements, but seeks input from multiple sources, including residency faculty, chief residents, and other parties when arriving at promotion decisions.

1. PGY-1 to PGY-2:

In order to successfully advance from PGY-1 to PGY-2 year, the resident must meet the following criteria:

• Demonstrate appropriate competence in the following areas:
  o Patient Care
  o Medical Knowledge
  o Practice Based Learning and Improvement
  o Professionalism
  o Interpersonal Communication Skills
  o System-Based Practice

• Successfully complete all required rotations.
• Receive passing evaluations on all rotations; if resident fails any rotation, he/she must repeat the rotation with passing evaluations prior to advancement. Passing is defined as the department of that rotation awarding a passing grade to the resident. Each attending on a rotation will submit an evaluation of the resident. At the end of the rotation, the department of that rotation will meet to review the evaluations and then determine a pass or fail grade for the resident from the department as a whole. The Department Chairman will be responsible for making the final decision. The failure of 2 or more rotations during the resident’s 36 months could result in disciplinary action.

• Be assessed by the core faculty as ready to perform as an upper level by the second summative evaluation of intern year.

• Be assessed as competent to progress to the less supervised upper level status in the ambulatory clinic by the behavioral and communications video assessments.

• Perform and document 10 vaginal deliveries, and be deemed “competent” by two separate faculty members on two subsequent deliveries in order to advance to upper level call.

• Abide by all medical records policies of CCHS and DCH Regional Health System.

• Complete 150 office visits in the Family Medicine Practice site.

• Receive a recommendation from the Core Competency Committee to the Residency Director that warrants promotion from PGY1-PGY2. Failure to receive such recommendation may result in corrective or disciplinary action.

• Fulfill all obligations and duties specified in the Resident Agreement.

• Attendance and participation at Academic Afternoons, Grand Rounds, Outpatient Teaching Series, Emergency Medicine Series, etc...(list not all inclusive) is important and worthwhile, therefore we require a cumulative attendance rate of at least 80% at all such conferences during the PGY-1 year in order to progress to the next level. Attendance logs will be maintained and physical presence is required in the meeting room for at least half of each conference and lecture. Extenuating circumstances must be approved by the Program Director. Calculation of the 80% will not include when a resident is on night float or has approved leave.

2. PGY-2 to PGY-3:

In order to successfully advance from PGY-2 to PGY-3 year, the PGY-2 must meet the following criteria:

• Demonstrate appropriate competence in the following areas:
  o Patient Care
  o Medical Knowledge
  o Practice Based Learning and Improvement
  o Professionalism
  o Interpersonal Communication Skills
  o System-Based Practice

• Successfully complete all required rotations. Receive passing evaluations on all rotations; if resident fails any rotations, he/she must repeat the rotation with passing evaluations prior to advancement.
Passing is defined as the department of that rotation awarding a passing grade to the resident. Each attending on a rotation will submit an evaluation of the resident. At the end of the rotation, the department of that rotation will meet to review the evaluations and then determine a pass or fail grade for the resident from the department as a whole. The Department Chairman will be responsible for making the final decision. The failure of 2 or more rotations during the resident’s 36 months could result in disciplinary action.

- Be assessed by the core faculty as ready to perform as a PGY-3 (including the ability to act as chief of service on the Hospital Medicine Service) by the second summative evaluation of PGY-2 year.
- Abide by all medical records policies of CCHS and DCH Regional Health System.
- Have followed at least two continuity patients in the Nursing Home (monthly visits).
- Substantial progress on the R2 Quality Improvement Project.
- Substantial progress on the R2 Research Project / Scholarly Activity.
- Successfully completed USMLE Step 3 by January 1 of the PGY-2 year.
- Receive a recommendation from the Core Competency Committee to the Residency Director that warrants promotion from PGY2-PGY3. Failure to receive such recommendation may result in corrective or disciplinary action.
- Fulfill all obligations and duties specified in the Resident Agreement.
- Attendance and participation at Academic Afternoons, Grand Rounds, etc… (list not all inclusive) is important and worthwhile; therefore, we require a cumulative attendance rate of at least 80% at all such conferences during the PGY-2 year in order to progress to the next level. Attendance logs will be maintained and physical presence is required in the meeting room for at least half of each conference and lecture. Extenuating circumstances must be approved by the Program Director. Calculation of the 80% will not include when a resident is on night float or has approved leave.

3. Promotion with Recommendations or Reservations (Promotion” applies to any GME program longer than 1 year in duration.)

As noted in the section above, it is the intention of the program to progress its resident physicians from internship to graduation to independent medical practitioners.

In addition to the full promotion described above, the following academic statuses exist:

a. **Promotion with Recommendations** will be made when deficiencies in one or more of the six ACGME core competencies exist, but are felt to be correctable in a timeframe conducive with continued training. Review will occur at the next summative meeting with expectation of resolution of the deficiency. The Department Chairman will be responsible for making the final decision. Failure to resolve the deficiency shall potentially result in Academic Probation.

b. **Promotion with Reservations** will be made when deficiencies in one or more of the six ACGME core competencies exist, are felt to be correctable, but not
conducive to progression to further responsibility (e.g., upper level status) without remediation. Formal review will occur following the next summative meeting with expectation of resolution of the deficiency. The Department Chairman will be responsible for making the final decision. Failure to resolve the deficiency shall result in either Academic Probation and/or Dismissal from the Program.

4. Graduation and Board Eligibility:

In order to successfully graduate from the program, the PGY-3 must meet the following criteria:

- Demonstrate appropriate competence in the following areas:
  - Patient Care
  - Medical Knowledge
  - Practice Based Learning and Improvement
  - Professionalism
  - Interpersonal Communication Skills
  - System-Based Practice

- Successfully complete all required rotations.
- Receive passing evaluations on all rotations; if resident fails any rotations, he/she must repeat the rotation with passing evaluations prior to advancement. Passing is defined as the department of that rotation awarding a passing grade to the resident. Each attending on a rotation will submit an evaluation of the resident. At the end of the rotation, the department of that rotation will meet to review the evaluations and then determine a pass or fail grade for the resident from the department as a whole. The Department Chairman will be responsible for making the final decision. The failure of 2 or more rotations during the resident’s 36 months could result in disciplinary action.

- Complete a total of at least 1,650 office visits in the Family Medicine Practice (FMP) site over the prior three years.
- One hundred sixty-five of the FMP site patient encounters must be with patients younger than 10 years of age.
- One hundred sixty-five of the FMP site patient encounters must be with patients 60 years of age or older.
- Residents’ patient encounters should include telephone visits, e-visits, group visits, and patient-peer education sessions.
- Residents must have at least 600 hours (or six months) and 750 patient encounters dedicated to the care of hospitalized adult patients with a broad range of ages and medical conditions.
- Residents must have at least 200 hours (or two months) and 250 patient encounters dedicated to the care of ill child patients in the hospital and/or emergency setting.
- This experience should include a minimum of 75 inpatient encounters with children.
- This experience should include a minimum of 75 emergency department patient encounters with children.
- Residents must have at least 40 newborn patient encounters, including well and ill newborns.
• Complete 40 deliveries, of which at least 30 must be vaginal deliveries and at least 10 must be continuity deliveries.
• Document at least 15 unique ICU patient management encounters.
• Follow at least two continuity patients in the Nursing Home (monthly visits).
• Completion of the R2 Quality Improvement Project.
• Completion of the R2 Research Project / Scholarly Activity.
• Perform and document at least two home visits (at least one must be an elderly patient).
• Receive passing evaluations on all rotations; if resident fails any rotations, he/she must repeat the rotation with passing evaluations prior to graduation.
• Be assessed by the core faculty as ready to perform as an independently practicing family physician by the second summative evaluation of PGY-3 year.
• Receive a recommendation from the Core Competency Committee to the Residency Director that warrants promotion from PGY2-PGY3. Failure to receive such recommendation may result in corrective or disciplinary action.
• Abide by all medical records policies of CCHS and DCH Regional Health System.
• Hold a permanent medical license in order to apply and sit for the ABFM boards. This includes: completion of 50 Maintenance of Certification-Family Practice points which includes:
  ▪ Minimum of one (1) Self-Assessment Module (SAM)-15 points each; and
  ▪ Minimum of one (1) Part IV Performance in Practice activity with data from a patient population-20 points each; and
  ▪ Additional approved Part II or Part IV activities to reach a minimum of 50 points.
• Fulfill all obligations and duties specified in the Resident Agreement.

• Attendance and participation at Academic Afternoons, Grand Rounds, etc…(list not all inclusive) is important and worthwhile, therefore we require a cumulative attendance rate of at least 80% at all such conferences during the PGY-3 year in order to successfully graduate from the training program. Attendance logs will be maintained and physical presence is required in the meeting room for at least half of each conference and lecture. Extenuating circumstances must be approved by the Program Director. Calculation of the 80% will not include when a resident is on night float or has approved leave.

Each resident must satisfactorily complete 36 months in order to graduate and be eligible to sit for the Board Certification Exam. Board expenses are the responsibility of the resident, who may be reimbursed if a PASSING score is provided to the Residency Office. A resident will not be allowed to graduate without having the required number of patient continuity visits, OB delivery totals and continuities, nursing home visits, home visits, and ICU visits. All residents must sit ABFM Board Exam in April. Exceptions to this may be made by the Residency Director under extenuating circumstances.
5. **Suspension, Non-Renewal, Non-Promotion, Dismissal and Other Adverse Action:**

A resident/fellow may be placed on probation, suspended (to include summary suspension), not promoted, appointment not renewed, dismissed or other adverse action may be taken for cause, including but not limited to:

- Unsatisfactory academic or clinical performance;
- Failure to comply with the policies, rules, and regulations of the training programs, University of Alabama, College of Community Health Sciences or other facilities where the resident/fellow is trained;
- Revocation, expiration, or suspension of license (e.g., medical, Federal or State Controlled Substance (DEA, ACSC);
- Violation of federal and/or state laws, regulations, or ordinances;
- Acts of moral turpitude;
- Insubordination;
- Conduct that is detrimental to patient care;
- Unprofessional conduct;
- Patient abandonment; and
- Any other action that the training programs deem appropriate under the circumstances.

The Training Program may take any of the following adverse actions:

- Issue a written warning or reprimand;
- Place on probation;
- Impose terms of remediation and/or a requirement for additional training, consultation, or treatment;
- Institute, continue, or modify an existing summary suspension of a resident/fellow’s appointment;
- Terminate, limit, or suspend a resident/fellow’s appointment or privileges;
- Non-renewal of a resident/fellow’s appointment;
- Non-promotion of a resident/fellow (as applicable);
- Dismiss a resident/fellow from the training program; and
- Any other action that the training programs deem appropriate under the circumstances.

6. **Dismissal**

The Sponsoring Institution requires each training programs to provide resident/fellow (as applicable) a written notice of intent if the appointment will not be renewed for an additional period of training and/or if the resident/fellow, will not be promoted (as applicable) to the next level of training, or when the resident/fellow will be dismissed. Such notice shall be delivered to the resident/fellow in a fashion documenting receipt by the resident/fellow and in a time period considered reasonable, absent extenuating circumstances.
The Sponsoring Institution requires that the residency program provide resident/fellows a written notice of intent if the appointment will not be renewed for an additional period of training and/or if the resident/fellow will not be promoted to the next level of training, or when the resident/fellow be dismissed. Such notice shall be delivered to the resident/fellow in a fashion that documents receipt by the resident/fellow and in a time period considered reasonable absent extenuating circumstances.

Reference Policy: Due Process; Probation/Remediation/Suspension