

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

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. Reviews are established along the way (CCC-Clinical Competency Committee) to provide feedback regarding progress. It may become necessary to intervene in a resident or fellow's training if s/he is not meeting the established requirements. Such intervention will be delineated with expectations and timelines. Outcomes could include continuation in the program, delayed promotion, non-promotion, probation, non-renewal or dismissal. 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 a probationary review and perhaps lead to non-promotion, non-renewal or dismissal.

Residency advancement is first determined by the CCC. A recommendation is then made to the Residency Director. The Residency Director ultimately has final decision-making in resident advancements, but seeks input from multiple sources, including residency faculty, chief residents, the Graduate Medical Education Committee, and other parties when arriving at decisions regarding promotion, non-promotion, non-renewal or dismissal.

1. Advancement from PGY-1 to PGY-2:

In order to advance from PGY-1 to PGY-2 year, in addition to successfully completing the PGY-1 requirements, the resident 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 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 Clinical Competency Committee to the Residency Director that warrants promotion from PGY1 to PGY2. Failure to receive such recommendation may result in corrective or disciplinary action up to and including non-promotion, non-renewal or dismissal from the program.
- 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.

2. Advancement from PGY-2 to PGY-3:

In order to advance from PGY-2 to PGY-3 year, in addition to successfully completing the PGY-2 requirements, the resident 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.
- 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 Clinical Competency Committee to the Residency Director that warrants promotion from PGY2 to PGY3. Failure to receive such recommendation may result in corrective or disciplinary action up to and including non-promotion, non-renewal or dismissal from the program.
- 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.

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 as long as the stated requirements are met.

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 CCC meeting with expectation of resolution of the deficiencies. The Department

Chairman will be responsible for making the final decision. Failure to resolve the deficiencies may potentially result in Academic Probation and/or Dismissal from the Program.

- 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 in a timeframe conducive with continued training, but not conducive to progression to further responsibility (e.g., upper level status) without remediation. Formal review will occur following the next CCC meeting with expectation of resolution of the deficiencies. The Department Chairman will be responsible for making the final decision. Failure to resolve the deficiencies may 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, in addition to having met all prior PGY-1 and 2 requirements, 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 Clinical Competency Committee to the Residency Director that confirms successful completion of all training program requirements or not. Failure to receive such recommendation may result in corrective or disciplinary action up to and including extension, probation, summary suspension or dismissal from the program.
- 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.

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:

Professionalism:

- 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
- Unprofessional conduct

Patient Safety:

- Conduct that is detrimental to patient care
- Patient abandonment

Other:

- 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. Notice

The Sponsoring Institution requires each training program to provide resident/fellow (as applicable) a written notice of intent (Request for Adverse Action) when the resident/fellow is placed on probation, suspended (to include summary suspension), not promoted, appointment not renewed, dismissed or other adverse action taken. 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.

Reference Policies: Due Process
 Probation and Remediation