

**MARSHALL COMMUNITY HEALTH CONSORTIUM
GRADUATE MEDICAL EDUCATION CONSORTIUM**

POLICY ON ASSESSMENT, PROMOTION AND/OR RENEWAL OF APPOINTMENT

SECTION 1. STATEMENT AND SCOPE OF POLICY

The Marshall Community Health Consortium contents that responsibility for judging the competence and professionalism of Residents in medicine postgraduate education programs rests principally with Program Directors and the program's Clinical Competency Committee (CCE). These educators are guided in their judgment of resident performance by the Accreditation Council for Graduate Medical Education (ACGME) and its Residency Review Committees, by certifying and licensing Boards, by ethical standards for their specialties and the medical professions, and by applicable policies including but not limited to: Marshall University, Marshall University School of Medicine and the affiliated Hospitals and/or clinics.

The following policy and procedures for the Assessment, Promotion, Discipline and Dismissal of Residents in Graduate Medical Education (hereinafter Assessment Policy) apply to all Residents enrolled in graduate medical residency programs in the Marshall Community Health Consortium and its affiliated hospitals. The Assessment Policy governs the qualification of residents to remain in training as well as their completion of Residency certification requirements, and its provisions apply in all instances in which such qualification and/or certification is at issue.

It should be noted that separate policies exist to meet Institutional Requirements that Sponsoring Institutions have a Due Process and Grievance Process.

SECTION 2. PROGRAM POLICY REQUIREMENTS

- 2.1. Each Program must have written promotion criteria that each Resident must achieve prior to advancement from one year to the next. The criteria must be in compliance with each of the individual RRC program requirements.
- 2.2. Each Program must also have written criteria that act as milestones, which must be achieved prior to the advancement of the Resident from one year to the next. Milestones must be in compliance with each of the individual RRC program requirements.
- 2.3. Each Program must clearly define the knowledge, skills, attitudes, and competencies to give Residents an understanding of what level of performance is required prior to advancement.
- 2.4. Each Program must include passage of the USMLE Step 3 or its approved equivalent as a promotion requirement for PGY 2 and other promotion language as specified by policies approved by the Graduate Medical Education Committee.

SECTION 3. RESIDENCY PROGRAM ASSESSMENT STRUCTURE AND PLAN

- 3.1. The program director for each Residency program has primary responsibility for:
 - 3.1.1. Monitoring the competence and professionalism of program residents;
 - 3.1.2. Recommending promotion and certification; and,
 - 3.1.3. Initial counseling, probation or other remedial or adverse action.
- 3.2. Residents will be evaluated on individual specialty requirements, program requirements, and compliance with GMEC, University and Hospital policies.
- 3.3. A faculty education committee may assist the program director in these functions.
 - 3.3.1. Where circumstances warrant, the membership of the education Committee may be altered to avoid a potential conflict of interest, or to protect the privacy of the resident.
- 3.4. Each program's assessment structure and plan must be in writing.

SECTION 4. PERFORMANCE REVIEWS

- 4.1. Residents are required to maintain satisfactory academic and clinical performance. Academic or clinical performance that is below satisfactory is grounds for discipline and/or dismissal.
- 4.2. At a minimum, each program must provide a semi-annual, written summary performance review to each Resident or more frequent if required by the ACGME Residency Review Committee. When appropriate, a review of the Resident's experience and competence in performing clinical procedures should be included in these summaries

SECTION 5. REMEDIAL WORK

- 5.1. If the Residency Program Director and faculty identify significant deficiencies in the Resident's performance, a plan for remedial work, including monitoring performance, may be arranged by the Program Director under the following guidelines:
 - 5.1.1. The Resident will remain at his/her current stipend level during the remediation period.
 - 5.1.2. If, after remediation, a Resident fails to make satisfactory progress in performance:

- 5.1.2.a. The Resident may be dismissed from the program, or
 - 5.1.2.b. The Resident Agreement may not be renewed and s/he will not receive credit for the remediated work completed.
- 5.2. If significant deficiencies in the Resident's performance are identified by the Program Director and faculty determine that remedial program is not possible, the Resident will be dismissed from the program.

SECTION 6. RESIGNATIONS AND TRANSFERS

- 6.1. Any resident in an ACGME-approved program may request permission to resign from his/her current program or to transfer to another program within the Consortium or another institution at the conclusion of the contract year.
- 6.2. This request must be made by the Resident in writing to his/her Program Director. The Program Director must submit a copy of the Resident Request to the ACGME Designated Institutional Official (DIO) for GME.
- 6.3. Upon receipt of the Resident Release Request, the Program Director will forward his/her recommendation in writing to the DIO. The DIO will either deny or approve the request to be released from the program.
- 6.4. Residents must notify the Program Director as quickly as the circumstances will allow for release from the program, and, in addition, must write a signed explanation to the Program Director. The Program Director must submit a copy of the Resident's letter explaining the extenuating circumstances to the DIO. The final decision regarding the resignation is made by the DIO.
- 6.5. Without exception, intra-institutional mid-year switching, however, is not permitted.

SECTION 7. ASSURANCE OF DUE PROCESS

- 7.1 A trainee shall be notified in writing anytime that his/her performance is such that the Program Director is concerned that he/she may not be advanced to the next year or is in danger of not being re-appointed. A copy of such notification must be forwarded to the Office of Graduate Medical Education.
- 7.2. The program director will attempt to provide four months notification if a contract will not be offered for the next year. However, if the reason(s) for non-renewal occur(s) within the last four months of training, the program will provide as much notice as circumstances dictate.

7.3. Trainees may be placed on administrative probation or academic remediation by the Program Director according to the circumstances.

7.3.1. There shall be no dismissal, probation, remediation or demotion of any trainee until there has been a review of the trainee's performance by the program review committee, except in the case of immediate dismissal.

7.3.2. The action taken and the reasons therefore shall be forwarded in writing to the trainee with a copy sent to the Office of Graduate Medical Education.

Effective August 8, 2014

Approved by GMEC: August 8, 2014
Approved by DIO: August 8, 2014